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Christian Life Academy

133 Junction Rd. Brookfield, CT 06804 (203) 775-5191 www.brookfieldcla.org

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Address	1		8	8	www.brookfieldcla.org
Does your family attend church? If so, where? Town Student's Grandparents Names: Paternal Paternal Address Phone Address Phone City/State/Zip City/State/Zip Other siblings' names & ages: Phone Has your child attended pre-school before? If so, where? (circle pre-school levels that apply) K3, K4, K Please provide a brief description of his/her experience:	(Please check	□ K3 (MWF) 8:15-3:10	□ K3 (MWF) 8:15-3:10		Date Rec'd
Phone# (Date of Birth:/ US Citizen: Yes No What country? Ethnicity: Child's First Language Language Spoken at Home In which country was your child born? Father/Guardian's Name Employer Work # Father/Guardian's Cell Phone # Email Occupation Mother/Guardian's Cell Phone # Employer Work # Mother/Guardian's Cell Phone # Employer Work # Mother/Guardian's Cell Phone # Employer Work # Are there Cauration is Compared to the provide a detailed description Father/Mother's address if different from above	Student's Name		Do they use	e a nickname?	Gender: Male / Female
Child's First Language Language Spoken at Home In which country was your child born? Father/Guardian's Name Employer Work # Mother/Guardian's Cell Phone # Email Occupation Mother/Guardian's Cell Phone # Email Occupation Mother/Guardian's Cell Phone # Email Occupation Father/Mother's address if different from above Are there extenuating family or custody circumstances? If so, please explain below Does your family attend church? If so, where? Town Student's Grandparents Names: Paternal Maternal Paternal Address Phone Address Phone City/State/Zip City/State/Zip Other siblings' names & ages: Has your child attended pre-school before? If so, where? (circle pre-school levels that apply) K3, K4, K Please provide a brief description of his/her experience: What other information about your child would be helpful with his/her adjustment to school? Does your child have any special medical, behavioral, or developmental concerns? If so, please provide a detailed description,	Address		City	Sta	te Zip
Father/Guardian's Name Employer Work # Father/Guardian's Cell Phone # Email Occupation Mother/Guardian's Cell Phone # Employer Work # Mother/Guardian's Cell Phone # Email Occupation Father/Mother's address if different from above Email Occupation Father/Mother's caldress if different from above Email Occupation Are there extenuating family or custody circumstances? If so, please explain below	Phone# ()	Date of Birth:/	/ US Citizen: Yes	No What country?	Ethnicity:
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Does your child have any special medical, behavioral, or developmental concerns? If so, please provide a detailed description,	Please provide a brief de	escription of his/her experien	ce:		
Does your child have any special medical, behavioral, or developmental concerns? If so, please provide a detailed description, including any documentation you may have and any medications taken.	What other information	about your child would be he	elpful with his/her adjustme	nt to school?	
	Does your child have an including any document	y special medical, behaviora ation you may have and any	l, or developmental concern medications taken.	s? If so, please pro	ovide a detailed description,



Tuition Rates & Fees 2016-17

Registration Fees: Registration fees are non-refundable and due at the time of registration.

□ \$80 New Students (Maximum \$150 per family)

□ \$80 Returning Students, <u>if done before April 1st</u> (Maximum \$150 per Family)

~ after April 1st the registration fee will be \$125 (Maximum \$250 per Family)

Annual Tuition:

Tuition is paid in <u>10</u> monthly installments. Payments begin August 1st and finish with the last payment in May.

Non Members:	K3 & K4 (MWF)	K3, K4, and Kindergarten	
	(3 Full Days)	(5 Full Days)	
1st Child	\$4,300 (\$430 Mo.)	\$5,000 (\$500 Mo.)	
2nd Child	\$3,850 (\$385 Mo.)	\$4,500 (\$450 Mo.)	
3rd Child	\$3,425 (\$342.50 Mo.)	\$4,000 (\$400 Mo,)	
First Assembly Mom	have & Destance		

First Assembly Mer	nders & Pastors:	
	K3 & K4 (MWF)	K3, K4, and Kindergarten
	(3 Full Days)	(5 Full Days)
1st Child	\$3,425 (\$342.50 Mo.)	\$4,000 (\$400 Mo.)
2nd Child	\$3,425 (\$342.50 Mo.)	\$4,000 (\$400 Mo.)
3rd Child	\$3,225 (\$322.50 Mo.)	\$3,750 (\$375 Mo,)

• Annual payments are due by August 1st. Monthly payments are due by the 10th of each month.

- Students withdrawing after August 15th will be responsible for the first month's tuition.
- Any child withdrawn after school begins is responsible for the year's tuition.
- All monthly tuition payment options require payments directly withdrawn from your checking account.
- Insufficient funds or payments received after the 10th of the month (for monthly payments) or later days past due are subject to a \$25 late fee.

Book & Supply Fees: (Maximum \$1,000 per family) Book & Supply fee is due by July 15th. K3 and K4 (3 Day) = \$175 K3 and K4 (5 Day) = \$200 Kindergarten = \$250

Fundraising: \$250 for one enrolled student **or \$400** for two or more attending children per family. All parents are expected to participate in fundraising & other activities that contribute to the financial well-being of the school. This requirement can be met by participating in events & activities throughout the year. Any amount remaining at the end of the school year will be billed to your account by May 31st.

Other Potential Fees:

Developmental Testing Fee: \$50 (if necessary)

K3, K4 & K Before Care & Extended Care: For Extended Care costs, please see Extended Care Application. Before Care is \$5 daily or \$50 per month. Will your child be attending the Extended Care Program? Circle Anticipated Days: M T W TH F Anticipated Pick-up Time:

Will your child be attending Before Care? Yes No Not Sure (circle one) Answering these questions does not commit you to the Extended Care or Before Care Programs at this time. It helps us with future planning. Thank you.

Marketing: How did you learn about CLA?

□ Mailer	□ Sign Driving By	□ CLA Family:
□ Newsletter	□ Word of Mouth	□ Other:

- □ I have read the attached financial policy of Christian Life Academy and I agree to the terms set forth in it, including the policy that all monies paid to Christian Life Academy are non-refundable.
- □ I have read the Statement of Faith, Mission, Philosophy, and Parent Handbook for Christian Life Academy and I agree to support the administration, faculty, and staff in upholding all policies as well as the mission of the school.
- I have discussed Behavior Techniques with a staff member at Christian Life Academy and or Little Blessings Childcare Center.

Signature of Parent/Gua	rdian
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Date